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IODOFORM IN SOME PHASES OF
SYPHILIS.

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AMONG the numerous remedies with which chemistry has gifted modern medicine is iodoform. It is one of the handsomest of drugs, its shining crystalline scales resembling chloride of gold in color. It is soluble in alcohol, but insoluble in water and in glycerine; is slightly volatile, with a faint, sickish, saffron-like odor; and in this state of vapor is said to be anesthetic, though inferior to chloroform. Speaking chemically, it is a teriodide of formyle [C^3H^P], forming one of a complete series of chemical compounds, of which others, such as bromoform and chloroform, are used in medicine. They are all combinations of some compound radical, in this case formyle [C^3H], with three equivalents of an element such as bromine or iodine.

Iodoform contains twenty-nine parts in thirty of its weight of iodine. Hence the therapist would infer that wherever iodine was indicated iodoform would be of service, and experience proves the surmise to be not far from correct. Its action, however, differs from that of iodine in many important respects. It is not in the least irritant, whereas iodine is remarkably so. Like iodine, it is alterative, and like iodine, also, its action is speedy; but, perhaps, its most valuable property is its anodyne influence, often subduing the most violent and chronic neuralgias. Every physician knows how wide a field is open to an anodyne alterative; and iodoform has accordingly been tried in a great many diseases, and in many with eminent success. Ringer praises it in syphilis, in bedsores, and in neuralgia. Prof. Fordyce Barker, of New York, highly recommends it as a suppository in cancer of the womb, which it robs of its pain at the same time that it seems to delay the course of that malignant disease.

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Besides this, it has been used in chronic rheumatism and gout, in consumption, in scrofula, ophthalmia, in painful affections of the neck of the bladder and of the prostate, and in cancer of the rectum.

Iodoform is found in the shops as a light yellow powder of small, pearly crystallized scales. It is used both externally and internally; externally as an ointment:—R. Iodoform, grs. xxx.-lx.; simple cerate and lard, each one half oz. M. Or, better still, is simply dusted upon the surface and a rag smeared with cerate or a bit of lint dipped in glycerine placed above; internally, the best form of administration is in pills containing two or three grains each of iodoform. The power of iodoform is greatly enhanced by adding to these pills Valleix's iron, which is protected from combining with the iodine of the iodoform by the insolubility of the iodoform in water. These pills, if preferred, may be sugar-coated. The greatest objection to using iodoform at the present time is its expense, which is about a dollar an ounce, a price unwarranted by its simple and easy manufacture, and which can only be accounted for by the novelty of the drug.

Given in overdoses, iodoform causes, says Ringer, a species of intoxication, succeeded by convulsions, with tetanic spasms. It imparts its peculiar odor to the breath of the patient, a fact which the writer has often noticed on entering a room in which patients taking the drug have been lying.

In some of the manifestations of secondary syphilis, iodoform has, in the writer's hand, met with marked success, and below are adduced a few cases of ulcers and neuralgias, with a specific history, which have yielded to its influence, and often with surprising readiness. A few years ago there was no disease to which was assigned so certain and so uniform a treatment as the venereal. But late inquiries have shown that mercury is a remedy of as doubtful value in that as in the numerous other diseases for which it was so largely prescribed in the last generation, and medical practice has inclined more and more to the

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use of the compounds of iodine. The old mercurial sheet-anchor has been cut loose! The largest syphilitic hospital in New England to-day gives not a grain of calomel to its patients, and can still point to cures as numerous and as striking as before.

The following cases are those of some patients treated at the Deer Island Hospital, and illustrate the power of iodoform over secondary syphilitic ulcers, especially of the soft and fresh variety; and also in neuralgias of a syphilitic taint.

CASE I.—A. G., 25 years of age, terribly afflicted with syphilitic ulcers. In the latter part of June, 1870, he contracted a chancre on the penis, and about a month afterwards began to be troubled with pimples on the face and legs. I first saw him on April 8th, 1871. He then had by count sixty (60) ulcers on the legs and thirty on the arms and face, mostly of large size. On the nates were two sores, each four inches in diameter by measurement. One ulcer, on the right wrist, was two inches broad, and completely encircled it, save in one place for about half an inch. There were no tertiary symptoms, no nodes at the usual places, nor any pain at night. On entering the hospital, he was much emaciated and suffering from diarrhoea; was given chalk mixture for a few days, and then was treated as follows:—

R. Iodoform, gr. ij;
Sulph. quinine, gr. i. M.

S. Take three times daily.

Also iodoform ointment (30 gr. to 5*g*.) was applied to the sores. A marked improvement was almost immediately observed. Most of the smaller ulcers were healed in a few days and the larger ones grew rapidly less. They seemed to dry and skin over with the presence of a few granulations. In the large ulcers on the nates, islands of epidermal tissue formed in the midst of the sore, which seemed to stagger the ideas of pathology that had been instilled into me. The iodoform in this case acted so well that I was encouraged to try it in many other cases. The patient had no mercury or other treatment than that described, and was discharged from hospital, cured, on May 6th, 1871. This patient had been previously treated at the City Hospital with, as he described them, "bitter medicines."

CASE II.—P. R., 35 years old. Admitted on April 17th, with a large, oval syphilitic ulcer on the leg, about two inches in diameter. Was treated for two weeks, unsuccessfully, with various stimulant washes, lunar caustic, and with strapping. Then

prescribed iodoform, grains ij. in pill thrice a day, and iodoform ointment locally. A week later began to sprinkle on iodoform itself in powder. On May 17th patient was discharged, the ulcer being then but half an inch in diameter and doing well. Discharged because term of sentence (a prison patient) was out. The effect of the iodoform here was not as marked as in the previous case, as this was an old ulcer which had frequently been treated before and the man was broken down by intemperance.

CASE III.—M. J. A., 35 years old, much troubled with syphilitic neuralgia about the head and face, and with a bad corroding ulcer at the junction of the cheek with the right ala nasi, accompanied with deep lancinating pains, which resisted all ordinary treatment. Was given mercurials, corrosive sublimate dissolved in iodide of potassium, and iodide of potassium alone; also cod-liver oil and whiskey, iodide of potass. with bark, but all without much perceptible effect, the ulcer still continuing to increase. April 18th, began to give one grain of iodoform in pill three times a day, and iodoform ointment applied to the ulcer constantly.

April 20th.—Ulcer begins to look cleaner.

21st.—Much less pain. Iodoform increased to two grains, and shortly after this began to dust iodoform in powder upon the sore.

May 1st, the ulcer was practically cured, the pains having previously ceased. Today the scar presents an excellent opportunity for a plastic operation to restore the lost portion of the ala nasi.

CASE IV.—H. F., 23 years old, afflicted with severe and protracted frontal neuralgia, was admitted to hospital on April 3d. Was treated ineffectually with iodide of potassium, long continued and pushed to large doses. Opiates were given without stint. Chloral would afford her sleep for a time, but she would soon wake up with renewed pain. Blisters on the neck would give partial relief for a day or so.

April 17th, began to give iodoform pills, one grain, thrice a day, with no other treatment.

April 24th.—Pain was much less and sleep better. Dose now increased to two grains thrice a day. Improvement constant until her discharge, on April 28th. This woman had a chancre two months previous, but no secondary symptoms had appeared.

DENTIGEROUS CYSTS.

(Concluded from page 148.)

WHATEVER may have been the exciting cause, the pathology is essentially the same. The disease is due to a morbid secretion into and enlargement of the capsule of the enamel organ of the unfortunate tooth. This is shown by the position of the latter, whose crown lies exposed in, and to a certain degree faces the cavity. This position serves to distinguish this cyst from those instances where innocent teeth, before eruption, have become displaced by the growth of solid or even fluid tumors in which their own enamel organs bore no part, or other cavities which simulate it, but are as distinct from it as hydrocele from scrotal abscess. *If the fang instead of the crown project, it is not a true dentigerous cyst.**

Probably the reticular parenchyma of the enamel organ is destroyed by its expansion, but in the multilocular forms this may possibly aid in forming the partitions. The whole enclosure is lined with a serous membrane which is sometimes considerably thickened and vascular and continuous over the crown of the tooth, as would be expected from its origin. A microscopical examination of such specimens would be very interesting; it should show an absence of the "cuticula dentis" from the tooth and the continuousness of its covering, the enamel membrane, with the rest of the wall. The fluid is usually serous, but may be purulent, contain cholesterol, flakes of lymph, or shiny matter, or vary in other respects. A bony exostosis in one case accompanied the cyst, and may have been the exciting cause of it. Other complications have occurred.

The prognosis, without treatment, may be inferred from the preceding pages. The influence of surgical interference will be seen from the following.

The aim of treatment should be to thoroughly expose the inside of the cyst to the air, to save the jaw if possible, and to leave as little disfigurement of the face as can be done. The cyst must be opened widely; no mere puncture is of any avail. A small hole will close before the secreting power is destroyed, and the disease will scarcely be retarded by the operation. In almost all instances the opening can be made with perfect ease within the mouth, and no scar

* When, as is common, several teeth are enclosed in the same cyst, usually one is the *cause* of the trouble and the others are *sufferers* by it, and as unconnected with it as in the cases just mentioned. Thus, in Case No. 27 the second molar was the victim and the third the cause of the tumor.

left to reflect discredit upon the surgeon. This is especially desirable if the patient be a female. The proper place for incision, particularly in the lower jaw where cysts always expand at the expense of its outer surface, will be found just outside of and parallel with the line of the teeth, but of course must be varied according to the indications of each case. Extracting a tooth and puncturing through its socket, as sometimes recommended in disease of the antrum, is inferior to the course just described, unless the cavity be small, or from the details of the case it is thought that its tooth can also be removed through the socket, or that it will take its place in the mouth by this means, when of course it is to be preferred. It is well, if the disease is extensive, to cut away a portion of its wall. By so doing its closing is prevented, the exposure more complete, and the application of dressings facilitated.

Many cases will get well by this treatment, without further attention; it is better, however, to fill the wound with lint or charpie, which will serve both to keep it open and maintain the desired irritation of the sac. The lint may be soaked with some stimulating wash with advantage in tedious cases, or tinct. iodinii may be repeatedly painted or injected in addition. Dr. Warren insists, too, upon crushing together the walls at the time of operation; a practice which is certainly rational and would also aid in causing suppuration of the cyst. Attempts to scrape out the lining membrane have been made, but with indifferent success.* Methodical compression is recommended by several authors, with a view to promoting the cure and facilitating the return of the jaw to its original shape. It is usually not needed, however, as the tendency of parts to return to their normal forms after the disease which distorted them has been removed is sufficient in these cases. The pressure, too, must be disagreeable to the patient, and its actual effect very small. Some slight thickening or change of the bone almost always remains.

It has always been advised that the encysted tooth should be removed, but while generally desirable this is not essential, and in such cases as Nos. 4 and 26 of the table should by no means be done. Any persisting milk tooth in the neighborhood of one of these tumors should be at once drawn.

If one operation do not effect the cure let it be repeated, using every care that all the steps of it be *thoroughly* done.

* March. Transac. of the N. York Med. Soc., 1856.

APPENDIX.

No.	Sex.	Age.	History and Description.	Duration.	Teeth involved.	Treatment, &c.	Result.	Reference.
1	Male.	14	Expansion of lower jaw, as large as an English walnut, extending from symphysis to anterior border of right mandible, and involving right masseter muscle. Referred by patient to be upon the jaw. Believed to be sold by surgeon.	6 months.	Second right lower bicuspid; the abutment.	Opened externally, and its flanger wall sawed away; found to be a cyst, with a thick vascular membrane, and containing a tooth, which was removed.	Complete recovery.	Wormall, Lancet and Surgeon's Journal, 1855, vol. i, p. 755.
2	Female.	31	Swelling began, accompanied by pain and toothache, shortly after a severe blow upon the nose. Not relieved by the extraction of a tooth. Tumor reached from a median line to the right upper molar, and from infra-orbital foramen to mouth. True nature not discovered before operation.	4 months.	Eight upper lateral incisor and canine.	Tumor removed, and found to contain a yellow fluid occupying the place below; a second cavity enclosing these were of the cyst, extracted behind the temporary set.	Recovery.	Mr. Sykes, Edin. Medical and Surgical Journal, 1855, vol. 65, p. 351.
3	Female.	16	Cyst formed around second lower molar, which appeared to be healthy, and was about the size of a hen's egg. In internal position has always been displaced and loose. Sense of distension and dull pain. Twice tapped, with temporary relief. Separated after second puncture. Contents serous at first.	9 or 10 months.	Third lower molar of lower jaw.	Second molar drawn, and the third found inverted between its flangs.	Rapid recovery.	Town's Dental Surgery, p. 304.
4	Male.	22	Unusual plastic swelling of left side of lower jaw. Had previously been displaced and loose. Sense of distension and dull pain. Twice tapped, with temporary relief. Separated after second puncture.	—	Third left lower molar impacted in second socket of second.	Cyst ruptured by extraction of second molar. Posterior part of second greatly absorbed; third, which was impacted in its socket, and consequently exposed by its removal.	Recovery.	Salter, 1855, Guy's Hospital Reports, vol. v, p. 256.
5	Female.	18	Plastic fluid tumor of left infra-orbital nerve, extending to the nose. Tumor normal in size, but the left central incisor was of a temporary character.	—	Crown of left central incisor projected into cyst.	Both temporary and permanent incisors removed.	—	Mr. Ocock, Ibid., p. 255.
6	Female.	20	Dilation of outer wall of right ramus of lower jaw, second molar, by muscle pain. Grew gradually. Contents serous. Gills smooth.	3 years.	Molar (?) tooth found lying on the end of the cyst.	Opened within the mouth, offending tooth removed.	Recovery.	Guy's Hospital Reports, 1856, p. 256.
7	Male.	6	Barous cyst of epiphysial growth, encroaching on the orbit and	3 years.	Left lateral upper incisor inverted and part of the wall removed.	Opened within the mouth.	Rapid recovery.	Ibid.

			Tooth abnormal.	Crown of tooth found inverted and projecting into cyst.	
8	Female. Young.		Smooth of left side, and projecting prominently forward. Thought to follow a blow. Slight pain.	Left upper canine. Found to be distinct from surrounding tissue and very firm. Opened within the mouth. Compressed.	Recovery. Bordenave, System of Bone and Tissue Transactions.
9	Male.	23	Severe cyst of left upper jaw, large as a person's egg. Teeth could not be adduced, and at times painful.	Three years. Inferior canine. Two-thirds of wall removed. Lining membrane thick and vascular. Contains glairy.	Complete recovery. Mr. Earle, Standard, Dice, of Bordenave, 1849, p. 290.
10	Female.	13	Cystic tumor, crackling on pressure, of gradual growth, and painless on the outer side of lower jaw, between symphysis and angle. Size of an English walnut.	Large tumor in the cheek; mouth closed; arch of palate depressed; nose pressed to opposite side.	Canine found lying in the bottom of the upper, fresh opened into sinus, with which it was continuous. Field screws.
11	Female.	17	Cyst of large size, encroaching upon sintrum and nostril, producing great dilation of this cavity and distortion of the side of face. Contains pus.	Months. Mouth.	Journaline. Holmes's Surgery, vol. IV, p. 34.
12	Male.	60	Cyst, large as pigeon's egg, in upper jaw, closing the nostril on its side.	Many months.	First and second upper permanent molars inverted in cyst.
13	Female.	13	A considerable tumor of one of the intermaxillary bones, filling up the whole "maxillary hollow."	One year.	Third.
14	Male.	Young.	Great swelling in the substance of the upper jaw, with non-appearance of the first and second permanent molars.	Thirty years. —	First and second upper permanent molars inverted. Constricts nose.
15	Female.	38	Both sintrum enormously dilated, with a gradual accumulation of purulent fluid.	Thirty years. —	Lateral. Incisor monstrum. In intermaxillary suture and behind the central.
16	Male.	Young.	Exostosis of upper jaw just below orbit, combined with a honey cyst containing a temporary molar.	Second temporary upper molar (?)	Freshly opened. Cyst expanded.
17	Female.	13	Large hard tumor of left side of lower jaw, occupying the whole body. The teeth on this side had been extracted, save the second permanent and a temporary molar. Otherwise discharge in mouth. No opening found.	Six months.	Left lower canine projected obliquely right at symphysis, and left half from the base of the diastemata. Cystic. Painless.

Year, Health's, In
juries and Diseases of
the Jaw, p. 161, age
of 65.

M. Genouille, Stan-
ley, op. cit. p. 206.

Journaline. Holmes's
Surgery, vol. IV, p.
34.

B. Cooper,
Holmes's Surgery,
vol. IV, p. 34.

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vol. IV, p. 34.

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vol. IV, p. 34.

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vol. IV, p. 34.

No.	Sex.	Age.	History and Description.	Duration.	Teeth enclosed.	Treatment, &c.	Result.	Reference.
18	Female.	30	Tumor as large as a hen's egg, extending from the base of the coronoid process to right lateral incisor.	Ten years.	Crown of right third molar projecting downwards. Fang in coronoid process.	Half of jaw removed.	Recovery.	Lafanc or Forget. Heath, op. cit., p. 168, fig. 70.
19	Male.	66	Swelling in lower jaw, near chin, opening behind a front tooth. Discharge serous.	Two years.	Canine lay horizontally in the bottom.	Part of jaw removed.	Recovery.	Male, aneure. Heath, op. cit., p. 164, fig. 71.
History, Description, &c.								
20			A capsule of bone as large as a chestnut (English), which had probably been filled with serum, rising up from the floor of the antrum and standing out free in its cavity. It contained one loose supernumerary tooth. No history. No external deformity.					
21			Portion of a lower jaw which had been removed, shown at the Odontological Society, containing a canine placed horizontally in the floor of a large cavity in its substance. No further history.					Cartwright, <i>Salter, Guy's Hospital Rep.</i> , vol. v. p. 255.
22			An osseous cyst in palatine process of left upper maxilla, separating its compact lamina, caused by an inverted canine, which had curved upon itself, and now projects into the cavity, with its root pointed out to the alveolar process. Cavity thrice the volume of the tooth.					Trotter, op. cit. p. 191.
23			Dr. Forget relates the case of a woman about thirty, with a hemispherical tumor of right side of lower jaw, projecting mostly externally. M. Niclason expected it, and, striking a hole in the outer wall, found a tooth (indistinctly a molar) projecting into the cyst. The tooth was removed, and perfect recovery followed.					M. Niclason or Forget. Niclason or Forget, op. cit., p. 166.
24			In the Animal University of Metz, May, 1867, M. Battini relates a case of sub-periodontal and sub-capsular disarticulation of the lower jaw of left side of a woman aged 22, for which proved a dentigerous cyst in connection with the wisdom tooth.					Battini. Heath, p. 165.
25			A central incisor of a young sheep was found attached to the side of a large cyst.					Holmes's Surgery.
Sex.	Age.		History and Description.	Duration.	Teeth enclosed.	Treatment, &c.	Result.	Reference.
26	Male.	10 to 12	Cyst large as a hen's egg, enclosing 20 left lower bicuspids; second temporary molar; second temporary anterior molar. Particulars of growth in antrum, and dental arches. A second and smaller cyst, containing the corresponding right tooth, afterwards appeared.	—	Second lower premolars.	Second temporary molar removed, and cyst punctured; root of bicuspids in the floor of the antrum good for discharge of the second cyst similarly treated.	Recovery.	Both Dr. Cheever.
27	Female.	70	Cyst in angle of jaw; had opened through the cheek, forming a sinus, which gradually disappeared, and finally closed. Fluid present.	Ten years.	Third lower molar very large.	Exposed through cheek. Is quadrangular in shape.	Recovery.	Dr. Thorndike.
28	Male.	40	A very large tumor of the right half of the lower jaw, extending from the second molar to the tip of the anterior process. At first painless, but afterwards subject to very distressing inflamed spells.	Eight to ten years.	Second molar obscured, and nearly destroyed; cyst multiple, bony, but covering the first in one of the divisions of the ear with many rounded eminences. At the tip of the anterior process, a small, thin, non-tender, non-painful, non-irritating spot, varying from the size one-eighth to one-eighth of an inch in diameter. There is one	The portion of jaw behind the right angle, and nearly destroyed, is covered by a cyst multiple, bony, but covering the first in one of the divisions of the ear with many rounded eminences. At the tip of the anterior process, a small, thin, non-tender, non-painful, non-irritating spot, varying from the size one-eighth to one-eighth of an inch in diameter.	Recovery.	Dr. Thorndike.

In the course of healing the growth gradually shrinks, and the sac fills with granulations, the bone resumes nearly its original shape and size, the cavity is obliterated, and only a slight thickening remains. When the disease is very extensive, especially if its cavity be multiple or has repeatedly resisted the milder treatment, the removal of the affected part of the bone may be required. But it should be confessed that in many of the cases where the bone has been removed it has been done through an error in diagnosis. In one case, after the incisions for removal had been made, the surgeon, discovering with what he was dealing, abandoned his purpose and saved the jaw.

The details of the operation are not essential here, as they may be found in any work on surgery. In Case 29, two precautions were taken not usually mentioned, which, with the neatness with which it was done and its perfect success, make it a model to be followed when extirpation is needed. The external incision was made from the angle of the mouth *downwards* and *backwards* to a point nearly an inch and a half below the lobule of the ear; thus entirely avoiding division of the facial nerve and the consequent paralysis of the face. By this means, too, the most perfect drainage is obtained if needed, for as the patient lies in bed the direction of the cut is exactly vertical. Most of the periosteum was saved in the cases in question, and no vessel of any size cut but the facial and inferior dental. The bone was cut through the socket of the left lateral incisor, and the left side disarticulated.

The maintenance of the chin, undisturbed, is important, both with a view to preserving the features and of not impairing the tongue by cutting its anterior attachments. Of course, as little of the bone as possible should always be taken. This remark applies to the upper as well as to the lower jaw, but in the upper the saving of the periosteum is less important, since its reproductive power is much less than that of the other.

The deformity produced by operation on either jaw is remarkably small. The whole superior maxilla may be removed and yet be scarcely missed, as is shown by the pictures of such cases, and in the instance just described of operation on the lower jaw the symmetry of the face was but little disturbed. In the lower jaw a stout fibrous or even bony cord will fill the vacant place, and enable the remaining part to perform tolerably well its duty, and

even permit the patient to chew meat.* The recovery from the operation of removal is usually more rapid than that after the more conservative ones.

In the Appendix will be found a synopsis of all the authentic cases accessible to the writer, with the sources whence obtained. At first a much larger list was made and included many which were probably dentigerous, but where no mention is made of the teeth enclosed, the non-removal of the tumor making an accurate examination impossible.† These so much marred the accuracy of the table that they are now omitted, and none were retained but those expressly stated to contain teeth. There are one or two others which have not been included, because related with so few details as to be of no use.

The whole number of instances is too small for much generalization, but two or three facts are worth noting:—The sexes seem nearly equally liable (male 11, female 12). The number of upper and lower teeth affected is also equal. Most of the instances have occurred between the ages of 10 and 40:—1 to 10, one case; 10 to 20, nine; 20 to 30, nine; 30 to 40, three; 40 to 50, none; 50 to 70, three. Their duration has been between four months and thirty years. The above list of ages is at the time of operation.

Contrary to the usual statement, but as might be expected from their position in the jaw, the lower third molars are the teeth most frequently encysted, and second to these come the upper canines.

	Upper.	Lower.
Central incisors	1	0
Lateral incisors	3	0
Canine	4	3
1st premolar	0	0
2d premolar	1	3
1st molar	2	0
2d molar	2	2
3d molar	0	7

Supernumerary, 1; temporary molar, 1; "molar" (not stated), 2.

The specimens of Nos. 27, 28 and 29 have been deposited by Dr. Thordike in the Harvard College Museum, and are typical instances of true dentigerous cysts, No. 27 containing a large third molar of stout quadrangular form, with its roots fused into one long, straight, blunt fang. That of No. 28 is the right half of the lower jaw

* Stanley says the utmost extent of the reproductive power is the "fibro-cellular" cord firmly connecting the ends.—*Diseases of Bones*, p. 277.

† These are sometimes altered in shape and often a little projecting as to be easily overlooked. In one specimen they were not discovered until it had passed through several able hands, and in another not for many years.

‡ And this is probably an error. See above.

expanded into a multilocular cyst extending from the 2d premolar to the coronoid and articular processes; about three inches long and five and a half inches in transverse circumference. The walls are bony, but filled with many roundish, irregular membranous spots. The other is the left half of the lower jaw expanded into an oblong rounded cyst from the tip of the coronoid and base of the articular process to the canine; it is larger than the other, being three and a half inches long and of about the same circumference. The second specimen was sawed off between the bicuspids and in the socket of the lateral incisor. Their other peculiarities are noted in the Appendix.

Medical and Surgical Journal.

BOSTON: THURSDAY, SEPTEMBER 14, 1871.

THE TREATMENT OF TYMPANITES BY PUNCTURE.

At a *séance* of the Academy of Medicine of Paris on the 18th of July, the subject of puncture of the abdomen for the relief of tympanites was freely discussed by the members present.

M. Bouley called the attention of the Academy to the absence of danger attending the puncture of the abdominal organs in all the domestic animals. It is to veterinary surgery that we owe the experience we have obtained regarding it; in fact, the opportunity of employing the puncture frequently occurs in the treatment of animals, especially among the herbivora. On account of the enormous meteorism occurring in one of his animals, a farmer conceived the idea of relieving the distention of the abdomen with his knife.

The success of the experiment on ruminants has led to its trial on horses. The puncture of the cæcum, formerly considered dangerous, has been so far perfected as to make it a common method of treatment. Chabert, a veterinary surgeon, has employed puncture by the rectum. In one case of severe meteorism, this surgeon gave vent to a quantity of gas which was inflamed on contact with a lighted candle.

M. Depaul called attention to the fact that puncture of the intestines was prac-

tised by M. Nélaton, at the suggestion of Récamier. He stated also that M. Alphonse Guerin had employed it with success on a young woman, who was cured, after four punctures, of severe gastro-intestinal distention. At the Société de Chirurgie, M. Dolbeau had communicated a case of strangulated hernia treated by puncture. M. Depaul had had frequent occasion to notice cases in which this operation was indicated; he had regretted not being able to perform it in a case where tympanites had caused the death of a woman at the full term of pregnancy; the physicians called to consult with on the case had not coincided with him in opinion. During pregnancy, or after delivery, the physician finds himself, at times, under circumstances which clearly point to this operation. He had himself had the good fortune, recently, to cure a young woman in great danger from asphyxia caused by gastro-intestinal meteorism. Two punctures made with a small exploring trocar at the middle of the epigastrum caused the discharge of a large quantity of gas. The patient was soon restored to safety.

M. Pierry had performed intestinal puncture in a certain number of cases of great danger to the patient with great relief, and, at times, cure. He remarked that the operation should not simply be performed to relieve the distention, but that it was necessary to ascertain beforehand, with great care, by different means of exploration, and especially by percussion, the cause or the anatomical lesion which had brought on the intestinal occlusion. Very often an accumulation of faecal matter at the extremity of the large intestine was the cause of the inflation, and could be relieved by repeated enemata. The place of election, when puncture was considered necessary, was at the level of the cecum, where the intestine is not covered with peritoneum.

M. Barth said that in cases of peritoneal tympany, which are excessively rare, and in those of gastro-intestinal inflation, which are much more common, the puncture could be performed without danger. He had both advised and performed the operation successfully in a number of cases. Unfor-

tunately it is not possible, at all times, to recognize the exact seat or the nature of the trouble. In such cases he has not hesitated to make several punctures, either on the same day or at intervals of some days.

M. Huguier stated that he had invented and had made an instrument to prevent the entrance of gases or any foreign substance into the peritoneal cavity after the puncture. The instrument consists of a highly tempered needle, fitted with a canula, to which he has given the name *aiguille porte-canule*. This instrument merely separates the intestinal fibres without dividing them. M. Huguier has employed it several times with success in cases of strangulated hernia, so as to save the patient the risk always attendant on the operation of herniotomy. In cases of internal strangulation, it is not always possible to give entire relief by the puncture, because, although one loop of the intestine may be emptied, it is not the same with neighboring portions of the intestinal tract, whose arrangement is such that the evacuation of the gas does not take place, and thus the trouble continues.

M. Verneuil had, at first, been an advocate of intestinal puncture in cases of strangulated hernia and internal strangulation; but he was not entirely sure of the efficacy of the operation, which many times proved unsuccessful, or of its safety. The indications for its employment were often uncertain.

M. Blot had made the puncture in a woman on whom he had operated for Cesarean section. In this case tympanites had caused the separation of the sutures. M. Blot had found it necessary, in order to return the intestines and to keep them within the abdominal cavity, to puncture the intestine; after which he had been able to restore the sutures. The patient had died, but at the autopsy it was found that no escape of gas or of fluids had taken place into the peritoneal cavity, nor had there been peritonitis.

M. Giraldes had punctured the intestine in adults and children without accident. He expressed it as his opinion that the operation was a useful one, especially in internal strangulation, which he considered due, in a large number of cases, to the twisting

of the intestine on itself. The puncture and escape of gas in these cases had caused the untwisting of the intestine.

M. Fonssagrives mentioned the fact that he had already claimed the safety of the operation drawn from a record of eighty cases where it had been employed, the hydrocele trocar having been used. He thought, nevertheless, that the needle of M. Huguier was superior to the trocar and gave the surgeon a greater security. He also stated that he had advised the operation as a last resort in cases of asphyxia caused by gastro-intestinal tympany, when all other methods had been tried without success.

M. Richet had seen a severe case of actual peritoneal meteorism, concerning which M. Barth had said that it was so rare that, to his knowledge, but one case had ever been reported. He mentioned the case of a woman, more than sixty years old, who had had distention of the abdomen habitually after her meals and which had disappeared after a time. On one occasion the tympanites did not subside and the patient was threatened with asphyxia. M. Richet, who saw her in consultation with others, was surprised not to find any appearance of the intestinal convolutions beneath the abdominal wall. He had concluded that the gas was produced in the peritoneal cavity. M. Richet performed the operation of puncture with an exploring trocar and canula, and a jet of gas had followed so strong as to extinguish a candle at a distance of more than two feet. He could not obtain any for the purpose of analysis. The operation did not save the patient, who was moribund at the time M. Richet was summoned.

M. Gueneau de Mussy five or six years before had made experiments, the results of which were published in the *Gazette Hebdomadaire*, or the causes which induce retention of gas in the intestines. He had reached the conclusion that it was not necessary to presuppose attacks of peritonitis as the cause of bridles by which the loops of intestine become strangulated. He thought, with M. Huguier, that at times a twisting of the intestine occurred by means of which valves were formed which separated the different portions of the intestine

from each other and prevented their inter-communication. When, under such conditions, tympanites is developed, the puncture of one loop of intestine does not cause the evacuation of the gas contained in the others. When the inflation is present in the small intestine, the natural flexure of the convolutions is increased and puncture fails to give relief; if, on the contrary, it attacks the large intestine, the absence of convolution and the large size of this portion of the tract allow the easy evacuation of the gas. In these cases puncture is eminently successful.

M. Mialhe had had the opportunity of examining a certain quantity of the gas from a patient operated on by M. Velpeau under circumstances similar to those stated by M. Richet. The composition was found to be like that of the atmospheric air.

WINTER RESIDENCE IN LIMA, PERU.—We commend to our readers, who are seeking winter homes for their patients, the advertisement of Dr. Carleton in our issue of this week. Dr. C. is well known in our city as a reliable and live man, and will faithfully attend those placed under his care. The opportunity to send patients to a climate so well adapted for pulmonary and allied diseases as Lima, under the immediate supervision of a skilful physician, is a rare one, and deserves the attention of those seeking to escape the cold northern winter.

HYDRATE OF CHLORAL IN THE TREATMENT OF THE INSANE.—From the Report of the Superintendent of the New Hampshire Asylum for the Insane, we take the following testimony regarding the value of chloral:

In this connection I will briefly refer to a medical agent recently added to our resources for the treatment of insanity, which has attracted so much attention as to give consequence to every careful observation of its use. Whether all that is claimed in its favor, on the one hand, or all the fears entertained in regard to its use, on the other, prove true, it is equally a matter of interest to the public, that the experience of those who have carefully used it should be placed on record. I refer to the Chloral Hydrate as a remedy for wakefulness.

This symptom, almost universal in recent

insanity, is the most fearful of all in its relation to the waste of vitality. Until sleep can be secured no hope of recovery can be entertained; and this explains the interest with which every new proposed hypnotic is regarded, until its real powers are fully tested.

We commenced the use of this drug a little more than a year ago. It being a powerful medicine, and new to physicians as such, we proceeded cautiously with the trial of it, selecting the cases with much care, and watching closely any effects produced. A special record was opened for the cases in which the chloral was used, and continued through the year. From our observations thus far, we have reason to be gratified with results, and to believe that we have in this article, properly used, a real boon to sleepless sufferers. I cannot better give the material facts than in the following brief summary, by Dr. Brown (the assistant Physician), as condensed from the memoranda kept by him from the beginning:

"During the year, hydrate of chloral has been given, as a daily prescription, to about twenty patients. The patients have been selected from the more common forms of mental disease, as melancholia, mania acute, puerperal and general paresis. The length of time it has been administered in each case has varied from two weeks to four months. It has been given in doses of from twenty to thirty grains, just before the patient retires for the night. In a large per cent. of the cases, the hypnotic effect of the drug has been rapid and decided, sleep being produced within twenty minutes after taking it, and continuing, with an occasional waking, through the night. In the case of several patients it has been necessary to repeat the dose in an hour, after which a good night's rest has followed. In several instances a slight headache, or dullness and heaviness about the frontal region, has been noticed in the morning after a night of chloral sleep.

"In some cases the pulse was lessened several beats, and the temperature lowered, while in others no change was noticed in these respects. No change in secretions has been observed. It was found in a certain number of cases, that the continued use of chloral lessened its hypnotic effect, and that an increased dose was necessary to insure sleep; and in a still less number, that no hypnotic effect was produced, as far as could be ascertained. This was noticed in a case of general paresis and acute mania. In a few cases of melancholia, one-

fourth of a grain of morphia has been given twice during the day and the dose of chloral at bed-time, with very good results. Chloral hydrate has been found a safe and harmless remedy, when administered as above stated, several patients having taken it daily for three, and one for four months, without any injury or any of the effects which the popular press have ascribed to its continued use." We have used none but the English chloral.

THE "NORWEGIAN COOKING-BOX" *Mr. Editor*,—I have recently received from England, a cooking apparatus of simple construction, whose operation has been so satisfactory, and altogether so surprising, that I think many of your readers will like to hear about it.

The Norwegian Cooking-boxes are made of various sizes, but the one in question is in outward appearance a wooden box, 16 inches high, 14 1-2 wide, and 14 1-2 deep, with a lid at the top fitting closely with a hasp and padlock. Raising the lid you find the interior neatly packed with hair-felting enclosed in a lining of cloth; the object being to make the box as complete a non-conductor of heat as possible. It is in fact a mass of felting, except that in the middle is a cylindrical cavity, like a bird's-nest, 10 inches in diameter and 10 inches deep, fitted to receive various cooking utensils. These vessels are made of block tin, and are intended to hold the food to be cooked, which is either immersed in water or retained by a strainer just above its surface. It is only necessary to bring the contents of the tin vessels to the boiling point, which may be done in any convenient way, that is by a range, or a cooking-stove, or a gas stove, or over a single gas-jet with a Bunsen burner, and then place the tins in the cavity before described and shut the box up tight, and the heat is retained in such degree and for such length of time that the cooking process goes on without any further application of fire.

My first trial of the box was made by filling the large cylinder which occupies the whole cavity with water which was raised to the boiling point over a gas stove. In seventeen hours I found the temperature reduced from 212° to 140°. I next tried an "Irish stew" of five pounds of mutton, with potatoes, carrots, and onions. It was made to boil by a single small gas-jet with a Bunsen burner, and immediately placed in the box. In three hours it was served up smoking hot, perfectly cooked,

and seeming to retain all the flavor, a part of which by the ordinary process would have gone up the chimney or into the house. The box emitted no perceptible odor while the cooking was going on. My next trial was with the most refractory kind of meat I could think of. A piece of corned beef weighing 6 1-2 pounds was placed in cold water in the largest cylinder, raised to the boiling point on the cooking range, the liquor then skimmed, the cover replaced, and the tin immediately put in the box which was locked up for the night. Twenty hours later the box was opened and the temperature of the water found to be 138°. The beef was perfectly cooked. Some days after this another trial was made with a larger piece of corned beef, and with an equally good result. In both cases the cook remarked with surprise, that she took out of the cylinder as large a piece of meat as she had put in. I can answer for its excellent flavor, and for the thoroughness of the cooking.

A soup was made with a shin of beef and vegetables, by boiling for ten minutes on the range in a somewhat less amount of water than is generally used, skimming, and then leaving it in the box for twenty-five hours. No odor was perceived while it was cooking, it made as stiff a jelly when cold as if prepared in the usual way, and the soup proved to be excellent.

Tomatoes have several times been stewed in one of the smaller tins, the other vessels above and below being filled with boiling water. A salted beef's tongue, weighing five pounds, was next tried, the box being locked up for 25 hours. At the end of that time the water had a temperature of 140° and the tongue was thoroughly cooked.

Reversing the action of the non-conducting box I have tried it as a refrigerator. A piece of ice weighing about eight pounds was placed in the large cylinder, and the box containing it left in a room which is exposed to the sun, on the first floor of my house, from Saturday afternoon till Monday morning, in very hot weather. On examination at the end of forty hours the result was found to be two quarts of water and very nearly four pounds of ice. A single quart of ice cream (confectioner's measure) was placed in the box one hot day without any ice, although as the box had been recently used for cooking it was first cooled by putting ice in the tin cylinder for half an hour. Five and a half hours later the ice cream was found to be soft throughout, but still retaining the solid form.

These trials are enough to show that the box will cook as thoroughly as can be desired, and that it will keep hot things hot, and cold things cold, for long periods.

As a cooking box it has its limitations. It will neither broil nor fry, nor roast, although the larger sizes are said to bake by means of a double cylinder, or outer jacket, filled with boiling water. While in use for cooking the cylinders cannot be opened for the addition of anything without spoiling the process; this, however, may not be so great a disadvantage if it tends to simplify the preparations. For keeping things hot or cold, constant closure of the box would probably not be necessary. It would be used in this respect like our refrigerators.

But the positive advantages of the apparatus are very marked. It is economical in every way. It saves food, fuel, and most important of all, labor.

No improvements in the manner of preparing food for daily use stand the least chance of adoption in this community unless they are labor-saving. It may truly be said of our New-England housewives that they are overworked. They have a great deal to do and but few hands to help them. In the families of farmers, and mechanics, in factory boarding houses, wherever food is prepared for the working classes, there is the same constant strain upon nerve and muscle. Indeed every class among us feels the difficulty of securing domestic service, growing out of the demand for labor. It discourages home life, and leads people to take refuge in hotels and boarding houses, in order that, by association, their trouble in this respect may be diminished. This cost of labor has influenced in a great degree the various kinds of food in common use among us, and the modes of preparing them. It has brought cooking stoves into almost universal use. It has led to the frying of fresh meat as the readiest way in which it can be cooked, and has substituted baking for roasting. It has probably had a good deal to do with the constant, thrice-daily use of pies, which are made in large batches, sufficient to last for several days. Bread, or what passes for that useful article, is made by the hasty stirring-in of chemicals, instead of by laborious kneading with Bible-leaven. The traditional baked-bean pot is prepared on Saturday, that the next day may be one of rest from labor.

The experience of every one familiar with New-England customs, will confirm the truth of the statement that this effort to escape the wear and tear of domestic

service has modified the food of the people. Physicians know well enough the injury to health which has been caused both by over-work and by inappropriate nourishment—the latter at least leading directly to impaired digestion. For such reasons I believe that the practicability of cooking simple and nutritious dishes by *retained heat*, which is made apparent by this simple contrivance of shutting them up in a non-conducting box, is of real importance.

At least two-thirds of the people of Massachusetts above the age of infancy find their chief nutriment on one day in seven in baked beans, a dish which when thoroughly cooked may do very well for adults in perfect health, but I think all physicians will agree that children, and men and women whose digestive powers are in any degree impaired, had better eat something else. A family dinner of meat and vegetables and pudding can by means of this box be prepared on Saturday, in a very few minutes, put away for 24 hours, and then served hot without additional labor.

A small cylindrical form of the non-conducting box might be used by workmen to carry their dinner pail, thus giving the great advantages of a hot dinner at noon, cooked by the breakfast fire.

Its uses to the sick will be found to be many. Beef tea may be made in the very best way. Drinks may be kept hot, or ice may be preserved through the night by the bed side.

I send you this somewhat minute account of a very simple thing, because I believe that it involves a principle capable of extensive and useful application.—It only remains for me to add that the box which I have used was bought of S. W. Silver & Co., Patentees, Nos. 2, 3, & 4, Bishopsgate within, London, that its cost with the cooking utensils was two pounds, and that it will be left for a short time for the examination of those who may wish to see it, with N. C. Stearns & Co., No. 12 Bromfield street, Boston.

GEORGE DERBY, M.D.
Secretary of the State Board of Health.

A RARE MALFORMATION IN THE BRAIN. By W. W. KEEN, M.D., Lecturer on Anatomy in the Philadelphia School of Anatomy.—In demonstrating a brain recently to one of my dissecting classes, I met with the following malformations, the first of which I believe to be very rare. In my own experience I have never met with it before, nor, so far as I have searched, do I find any allusion to such an anomaly.

1st. The *fornix*, instead of being solid from side to side, consisted of two lateral halves with a triangular space between them. This space was an inch and three-eighths long by three eighths of an inch wide. It began just at the posterior border of the *fornix*, where the two posterior pillars were barely united, and reached nearly to the anterior pillar, where also slight union existed between the two halves. Through the opening the *velum interpositum* was seen.

2d. The *fifth ventricle* was exceedingly large—the largest I have ever seen. It measured five eighths of an inch wide, and an inch and three eighths long. Neither this ventricle nor the lateral ventricles were in any way diseased or distended with fluid. The *dura mater* corresponding to the right parietal bone was ossified in its outer layer. The anomaly noted in the *fornix* points doubtless to its normal origin and development by two lateral halves whose separation is marked usually by the divergence of the anterior and posterior pillars only.—*Am. Jour. Med. Sciences.*

GLYCERINE LYMPH.—In Prussia regular revaccination is very generally practised, the law making it obligatory on every person, and the authorities conscientiously watching over its performance. As a natural result cases of smallpox are very rare. It has, however, been objected, there as here, that lymph is scarce. To make the most of such lymph as there is, government has tried its application mixed with glycerine, and the result has been so successful as to lead to a public recommendation of the mixture to official vaccinating surgeons. The manner in which the glycerine lymph is prepared is thus described by the *Reichsanzeiger*:—The pustules of a healthy vaccinated person are opened with a needle, and the effluent matter carefully removed by means of a lancet, the same instrument being gently applied to assist the efflux. The lymph is then placed in the hollow of a watch-glass, and there mixed with twice its quantity of chemically pure glycerine and as much distilled water. The liquids are thoroughly well mixed with a paint brush. The mixture may be preserved for use in capillary tubes or small medicine-glasses. The lymph thus procured is considered equal in effect to pure lymph; care must, however, be taken to shake it before use. As the same quantity that now suffices for one is thus made to suffice for five, the discovery ought to be ex-

trearily useful in crowded cities.—*Boston Journal of Chemistry.*

IODINE IN INCONTINENCE OF URINE IN OLD PEOPLE.—Dr. Schmidt, of Munsterfield, having witnessed useful effects from the exhibition of iodine in incontinence of urine resulting from paralysis, determined to try it in other cases. An old lady, aged eighty, who had always enjoyed good health, and was very active for years, was attacked, at the age of seventy-six, with dysentery, which very much weakened her. From this time the urine passed involuntarily, and for four years she suffered great misery in consequence; from her age her condition was looked upon as incurable. The author gave her one drop of tincture iodine every hour, and the following day she was able to hold her urine, and she continued the medicine (every two hours one drop) for a fortnight, and with complete success. The discontinuation of the medicine for some time led to a return of the symptoms, which disappeared, however, directly the medicine was resumed. It was continued, therefore, with occasional suspension, for two years, when she died from the effects of a blow.

Another case was an old man, aged seventy-four, who had suffered for six months from the same affection. He was ordered pills, containing each one tenth of a grain of iodine. Immediate improvement followed; he died eighteen months later, from inflammation of the lungs.—*N. Y. Med. Jour.*

STRUCTURE OF THE GLANDS OF THE STOMACH.—Prof. Heidenhain has been recently making investigations on the structure of the gastric and peptic glands. The mucous membrane of the stomach of dogs was hardened in alcohol, then stained with carmine or aniline-blue, and examined with moderate microscopic powers. The glands are arranged singly like palisades, or in groups like the fingers of a glove, in close proximity to one another, and the orifice, neck and body in each can be distinguished. The orifice in the grouped glands resembles the hard part of the glove, several glands opening into it, just as the fingers of the glove open into the wider hand part. This is lined by columnar epithelium. The neck or narrower portion of each tube is lined by roundish colored cells. The body is lined by two kinds of cells, one external or marginal, round, and colored, the other, small, internal, and uncolored, though their nuclei sometimes become tinted. The former, Prof. Heidenhain calls investing-cells (be-

legzellen), the smaller uncolored ones he names chief-cells (hauptzellen). The former probably represent the peptic cells of writers. The lumen of the glands is occupied by granular dark material. He describes with full details the action of the various re-agents upon the two above-mentioned forms of cells. He then gives the results of his researches on the glands during the digestion. They increase in size; the chief cells become swollen, and their contents are finely granular, showing that they have absorbed more than they have secreted. The investing cells are less altered. No division or multiplication of cells was observed.—*N. Y. Med. Jour.*, from *Schulze's Archiv. für Micros. Anatom.*, Bd. vi.

RAW BEEF IN THE VOMITING OF PREGNANCY.—James S. Bailey, M.D., Albany, N.Y., writes:—In October last I was called to see a female patient, aged nineteen, three months advanced in pregnancy. She stated she had been unable to retain anything she had eaten during the last three days; that she had vomited more or less every day from the time of conception. She now was so much exhausted that she was unable to sit up.

A careful investigation of her case convinced me that the irritable condition of her stomach was entirely due to reflex action.

The raw beef was immediately suggested to my mind as likely to be retained, as I had several times previously employed it successfully in similar cases. I ordered my patient to take teaspoonful doses of raw beef, chopped fine, at intervals of three hours, with a little Cayenne pepper and salt sprinkled upon it.

At first the idea of eating raw meat was quite repulsive, but upon tasting it it was not found to be so disagreeable.

After the second teaspoonful was taken the vomiting ceased, and during the day the nausea disappeared.

My patient not only acquired a taste for this food, but rapidly improved in flesh and appearance, without a recurrence of this troublesome symptom.

COTTON-WOOL AS A SURGICAL DRESSING.—The surgical novelty of the day in Paris is M. Alphonse Guérin's new plan of dressing wounds. It consists in introducing a quantity of cotton-wool into the stump immediately after amputation, or on any wound whatever, surgical or accidental. The amputated limb—to take this case—is then

wrapt round and round with cotton-wool, quite dry and alone; a bandage is then applied, and that is all. The bandage is pressed a little tighter on following days, if necessary, so that there may be a mild compression; but the dressing remains undisturbed till the 20th or 25th day, when, on removing the packet of wadding, a glassful of pus is found within the folds of the cotton, and the wound is discovered quite healed. M. Guérin, amidst the extraordinary mortality which has attended all the amputations done since the beginning of the German siege, has already obtained by this means six successful cases of amputation of the thigh out of nine, whilst all his amputations of the leg are doing well. This has created quite a sensation here in the surgical wards of the hospitals, and Professor Gosselin, of La Charité, and M. Guyon, of Necker, are already experimenting with this method of their colleague of St. Louis.—*Lancet*, July 15, 1871.

A REMEDY FOR HÆMOPTYSIS.—Dr. Holden, of Newark, N. J., thus describes a method of treating Hæmoptysis, which has been successful in his practice:—

"I would like to call the attention of the profession to a method of treatment of hæmoptysis, which, while most simple and efficacious, I have not seen described by any, viz., the throwing of the atomized vapor of a saturated solution of gallic acid directly into the mouth and throat. I have repeatedly found the most gratifying success follow at once, even in cases of profuse hemorrhage. Unlike other styptics thus administered, it quietes the spasmodic cough, which seems the direct result of the presence of the blood, requires but a moment to prepare, and, aside from its efficacy, it inspires immediately the confidence of the patient. For about two years, I have adopted this method, and have been surprised that no similar experience has found its way into the medical journals. My habit has been to have an atomizer and bottle of gallic acid always at hand, and when summoned hastily, to mix the acid in a tumbler of cold water, and use even without waiting for the excess of acid to subside. It has proved successful in several cases where the blood was streaming from the mouth with every expiration."—*New York Medical Record*.

THERAPEUTIC VALUE OF CHLORIDE OF AMMONIUM.—Dr. William Cholmley states

(*Transact. St. Andrews Med. Grad. Association*), that during the last fifteen years he has been in the habit of employing this medicine in cases in which he deemed it appropriate, and among them are: 1. Some forms of neuralgia of the fifth pair, especially those occurring in women beyond twenty years of age, whose strength has been over-strained by rapid child-bearing, prolonged suckling, anxiety, want or overwork. In doses of fifteen to twenty grains, given three times a day, the pain which is usually of a dull, aching character and intermittent, is quickly relieved, and ferruginous tonics may then be prescribed. 2. In some cases of more genuine tic-douleuroux, and in hemicrania, it is invaluable. 3. Nervous headache, such as occurs in some patients after any violent emotion or strain of the nervous system, is readily amenable to the same doses mingled with chloric ether. 4. It is serviceable also in cases of myalgia, such as affects those whose work requires long maintenance of one position. 5. In sciatica, given in the same doses, in every four or six hours. 6. In lumbago. 7. In the painful sequels of rheumatic fever, and states analogous to this affecting men who are overworked. 8. Dr. Cholmley considers it finally to have a powerful emmenagogue influence in cases of amenorrhœa occurring in delicate and nervous girls and women, especially when this has occurred after exposure to cold and wet. In such cases it may be advantageously combined with the perchloride of iron. It is also beneficial in cases of dysmenorrhœa occurring in highly nervous or rheumatic patients, and in the various ailments that accompany the change of life in women.—*American Practitioner*.

CORRECTIVE INFLUENCE OF BROMIDE OF POTASSIUM OVER OPIUM.—Dr. J. M. DaCosta (*Amer. Jour. Med. Sciences*) speaks highly of the great benefit derived by using bromide of potassium before giving opium in those patients in whom the latter drug produces unpleasant after-effects. He gives several cases illustrative of its action, in this respect proving its great utility and happy results. The bromide does not destroy either the anodyne or the hypnotic effects of the opiate: on the contrary, it rather heightens both, and more particularly the latter. He thinks the bromide acts best when given some hours before the opium, and forty to sixty grains—generally forty grains—prove sufficient.—*Georgia Medical Companion*.

Medical Miscellany.

CUNDURANGO.—We think the *role* of this drug is nearly run; certainly, judging from the Editorials of our contemporaries, the profession are not likely to adopt it without due trial by some of their number on whom reliance can be placed. The last quotation for cundurango, by the way, puts it at *one hundred dollars a pound*, C. O. D., at which rate it is furnished by Dr. Bliss only. The last, perhaps the most interesting of cundurango literature we clip from the *Leavenworth Medical Herald*:

“Were not the humbug so transparent, we would cry shame on its perpetrators; but with the facts before us, we are inclined to pity them for their folly. In this connection we publish the following from our *Arrapahoe* poet, both as a compliment to the author and as a contribution to high art:—

“The morning sun was shining bright
As lone upon old Georgetown's height,
A Bliss-ful doctor, clad in brown,
Desiring wealth and great renown,
Displayed aloft to wond'ring eyes
A shrub which bore this strange device,
Cundurango!

“A maiden fair, with pallid cheek,
With ardent bane his aid did seek
To stay the progress and the pain
Of carcinoma of the brain;
While still aloft the shrub he bore,
The answer came with windy roar,
Try Cundurango!

“A matron old, with long unrest
From carcinoma of the breast,
This Bliss-ful doctor rushed to see,
And begged his aid on bended knee.
The magic shrub waved still on high,
And rushed through air the well-known cry,
Try Cundurango!

“The evening sun went down in red—
The maid and matron both were dead;
And yet through all the realms around,
This worthless shrub, of mighty sound,
Will serve to fill the pause forlorn;
And cancer succumb—in a horn—
To Cundurango!”

MEDICAL LIBRARIES.—The members of the Chicago Medical Society are making earnest efforts to found a public medical library. When will our local societies in New England do the same thing?

In this connection we wish to say that this JOURNAL has an exchange list embracing more than fifty medical periodicals, in the English, German, French, Italian and Norwegian languages. These journals are on file at this office, and may be consulted by medical men at any time.

DOUBLE MONSTER.—In answer to numerous correspondents, we are able to promise an account of the autopsy of the “Ohio babies”—the Ichiodiagram described in our Editorial of July 13th—in the JOURNAL of October 5th.

PRIVATE INSTRUCTION IN OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—Dr. B. F. Dawson, Editor of the *American Journal of Ob-*

stetrics. Attending Physician to the New York State Women's Hospital, Out-door Department, and the New York Free Dispensary for Sick Children, will receive a few students in his office for thorough instruction in obstetrics and diseases of women and children. The plan of study is *didactic and clinical*, and each student will be made practically acquainted with obstetric and gynaecological operations, and will be entrusted with cases of obstetrics and diseases in children under supervision. The course will commence October 1, and continue five months.

THE URINE OF HORSES and cattle is utilized in Northern Prussia for the manufacture of benzoic acid. One house at Konigsberg supplies the market from this source. The establishment makes 7,700 pounds of benzoic acid annually.—*Dublin Med. Press and Circular*.

TO CORRESPONDENTS.—Communications accepted.—Report of a Case of Carcinoma treated with Cundurango.—Poisoning by Stramonium, and its Treatment.—Chloral in Convulsions.—Case of Chronic Ulcer of the Stomach, resulting in Perforation and Peritonitis.

PAMPHLETS RECEIVED.—The late Dr. John Conolly, of Hanwell, Eng., By Charles A. Lee, M.D., Peckskill, N. Y., Pp. 14.—Fiske Fund Prize Essay. *Bromides: their Physiological Effects and Therapeutical Uses.* By Robert Bartholow, A.M., M.D., Professor of Materia Medica and Therapeutics in the Medical College of Ohio. Pp. 48.—The Physical Diagnosis of Brain Disease. By Reuben A. Vance, M.D., New York. Pp. 8.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending Sept. 9, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	113	Cholera Infantum 57 Consumption 50
Charlestown	13	Dysentery & Diarrhoea 13
Worcester	23	Pneumonia 12
Lowell	31	Typhoid fever 11
Millford	4	Diphtheria and Croup 8
Chelsea	10	Scarlet fever 4
Cambridge	29	
South Boston	18	
Lawrence	18	
Springfield	6	
Lynn	6	
Fitchburg	6	
Taunton	6	
Newburyport	6	
Somerville	11	
Fall River	11	
Haverhill	2	
	303	

Lowell reports twelve deaths from smallpox.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Sept. 9th, 113. Males, 55; females, 58. Accident, 5; apoplexy, 1—Inflammation of the bowels, 2—bronchitis, 2—Inflammation of the brain, 1—disease of the brain, 2—burned, 1—cancer, 1—cholera infantum, 16—consumption, 18—croup, 1—debility, 2—diarrhoea, 6—dyspepsy, 1—dysentery, 1—diphtheria, 2—epilepsy, 1—encephalocoele, 1—erysipelas, 1—scarlet fever, 1—typhoid fever, 9—disease of the heart, 4—diseases of the kidneys, 4—disease of the liver, 1—congestion of the lungs, 2—Inflammation of the lungs, 2—malaria, 8—menstruation birth, 4—suicide, 1—tumor (ovarian), 1—whooping cough, 2—unknown, 5.

Under 5 years of age, 49—between 5 and 20 years, 9—between 20 and 40 years, 24—between 40 and 60 years, 17—above 60 years, 14. Born in the United States, 74—Ireland, 25—other places, 14.